Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LYCNS & LYONS, P.A.

Account Number : I20030000061

Phone : (239)948-1823 Fax Number : (239)948-1826

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: schreierliz0505@gmail.com

FLORIDA LIMITED LIABILITY CO. Adonis Custom Furniture and Cabinetry, LLC

Certificate of Status	0
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OCT 23 2019

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10/22/2019

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ARTICLES OF ORGANIZATION OF ADONIS CUSTOM FURNITURE AND CABINETRY, LLC

ARTICLE I - NAME

The name of the limited liability company is Adonis Custom Furniture and Cabinetry, LLC, (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address:

1108 Grand Isle Drive
Naples, Florida 34108

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Elizabeth G. Schreier 1108 Grand Isle Drive Naples, Florida 34108

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Richard D. Lyons as attorney-in-fact for

Elizabeth G. Schreier

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ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Company:

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Jeffery M. Schreier 1108 Grand Isle Drive Naples, Florida 341085

MGR

Elizabeth G. Schreier 1108 Grand Isle Drive Naples, Florida 34108 2019 OCT 22 PM 3: 1

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(i)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Richard D. Lyons

Typed or printed name of signec